



LOS ANGELES COUNTY COMMISSION ON HIV

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EXECUTIVE COMMITTEE MEETING MINUTES

January 25, 2016

APPROVED
2/22/2016

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Brad Land, Co-Chair	Ricky Rosales, Co-Chair	Jason Brown	Dawn McClendon
Al Ballesteros, MBA	Aaron Fox, MPM	Kevin Donnelly	Jane Nachazel
Traci Bivens-Davis (<i>Alt. to Smith</i>)	Mario Pérez, MPH	Joseph Green	James Stewart
Grissel Granados, MSW	Shoshanna Scholar		
Anthony Mills, MD	Terry Smith, MPA (<i>Full to Bivens-Davis</i>)		
Juan Rivera	Terrell Winder		DHSP STAFF
Kevin Stalter			Kyle Baker

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- 4) **Schedule:** Commissions on HIV, Colloquia Series, 2016 Schedule (tentative), 1/25/2016
- 5) **Table:** Commission on HIV Membership Roster, 1/14/2016
- 6) **Letter:** Division of Metropolitan HIV/AIDS Programs Assessment of Ryan White HIV/AIDS Program Planning Councils/Planning Bodies, 1/20/2016
- 7) **Summary:** Women's Caucus, Meeting Recap, 1/21/2016

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 1:01 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order with Item 9.D., Women's Caucus, moved after Item 3 (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 11/30/2015 Executive Committee meeting minutes, as presented (***Passed by Consensus***).
4. **PUBLIC COMMENT (*Non-Agendized or Follow-Up*):** There were no comments.
5. **COMMITTEE COMMENT (*Non-Agendized or Follow-Up*):**
➡ Adjourn the 2/11/2016 Commission meeting in memory of Elliot Johnson.
6. **DIVISION OF HIV and STD PROGRAMS (DHSP) REPORT:**
 - Mr. Baker reported Mr. Pérez apologized that he was unable to attend due to a required Department of Public Health (DPH) standing meeting that overlaps this month. Mr. Pérez has requested that Wendy Garland, MPH present on Non-Medical Case Management at the February Commission meeting rather than at PP&A. Mr. Ballesteros said the presentation was to inform potential allocations to address underspending. The Commission precedes PP&A so would also serve the purpose.
 - ➡ Ms. Garland, MPH, Research and Innovation, DHSP, will present at the 2/11/2016 Commission meeting rather than the February PP&A meeting on Non-Medical Case Management.

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7. CO-CHAIRS' REPORT:

- ➡ Add Interagency Advisory Board (IAB) Report to Executive Committee Agenda.

A. Commission/DHSP 2016 Work Plan: The Work Plan was presented.

B. Executive Director (ED) Update: The County process continued with more information expected by the next Commission..

C. Colloquia Series:

- Mr. Land noted the schedule reflects last month's recommendations to assign May and June for the CHP Task Force.
- Dr. Mills felt the START HIV clinical trial is the most important such trial in the last 10 years. It has dramatically altered how HIV care is conducted with major implications for Commission decisions. Dr. LaShonda Spencer is an investigator. He felt the Commission does not always receive scientific information it needs for decisions and urged a presentation.
- Executive discussed options for a START trial presentation of, e.g., 45 minutes and 15 minute question/answer period. Mr. Land noted the May and June CHP Task Force presentations are to present each section of the CHP to ensure community engagement. It was agreed that START provided a good introduction for CHP Task Force work.
- Ms. Granados suggested a colloquium or presentation on housing and homelessness. The April Youth Colloquium will include a housing component so could introduce a more in-depth report. Mr. Rivera said the Commission has a HOPWA representative, Suzette Flynn, but she often leaves early. Ms. McClendon said Ms. Flynn's report was moved up per her request, but there are continuing meeting conflicts. The Los Angeles Countywide HOPWA Advisory Committee (LACHAC), with Ms. Flynn and Terry Goddard, recently met at the Commission office so they could report in February.
- ➡ Ms. McClendon will coordinate with Dr. Mills on a START clinical trial presentation for the 5/12/2016 Commission meeting. Dr. Spencer was recommended to present. Ms. Gordon offered to bring trial participants.
- ➡ Both the 5/12/2016 and 6/12/2016 Commission meetings will be all-day meetings to accommodate presentations. Committee reports will be restricted to urgent matters.
- ➡ Ms. McClendon will request Ms. Flynn to report on homeless/housing issues at the 2/11/2016 Commission meeting.

D. Meeting Management:

- Mr. Land noted Commission Co-Chairs have received multiple suggestions on meeting management over the past year. They set decisions aside while the Commission was redeveloping itself, but suggested addressing some now.

1. Motions:

- Mr. Land noted currently motions from the floor are drafted verbally. A common three-part form would allow members to write the motion down and read it with copies for the Co-Chairs and secretary.
- Mr. Stewart said the standard practice in most groups is to craft any significant motions in written form. The standard three-part form ensures one for the maker, the chair(s) and the secretary so everyone who needs a copy has one. Writing the motion out improves accuracy and reduces potential confusion about the intent.
- ➡ Inaugurate use of standard 3-part motion forms to document motions from the floor. Staff will order the forms.

2. Speaking Times:

- Mr. Land noted the Commission now imposes a two-minute public speaking limit. Other bodies, especially large ones such as the Commission, also impose a member speaking limit to facilitate addressing the body's work. The Commission had a member speaking limit for years prior to integration, but had not re-introduced it.
- Mr. Stewart said the two-minute public speaking rule is standard for most Brown Act-covered bodies. The Commission has been using it informally, but not consistently. A similar limit for members is also standard. Because these are rules, they can be suspended by a two-thirds vote, e.g., for a meeting or item.
- Dr. Mills said enforcement has been an issue. Mr. Stewart replied he has a timer, but Co-Chairs enforce. The norm is for each person to have the opportunity for one comment. If there is time, a second comment is permitted. Third comments must be approved by the body. Time limits do not apply to presentations.
- Mr. Ballesteros asked if a motion was needed. Mr. Stewart said it was necessary because the body has a voice in its own regulation. Voting the rule is also important because *Robert's Rules of Order* allows up to ten minutes.
- Mr. Land said he and Mr. Rosales also recommended moving non-agendized Public Comment from the front to the end of the meeting. That would not impact public comment on specific agenda items.
- Mr. Stewart said the most common complaint about Public Comment at the end of the meeting is that the body cannot consider the content during the meeting and/or that many people have already left.
- Mr. Baker supported moving Public Comment to the end of the meeting because often people comment on agenda topics and leave before they are actually addressed. By waiting to the end, they would be better informed.

- On another meeting management issue, the Commission has been pushed off-agenda, especially in the last 18 months, by large numbers of public comments which are often unrelated to Ryan White or the scope of the body.
 - Some public comments are also essentially a request for case management. They are often referred to Mr. Pérez, but he cannot address complex case management issues, many pertaining to other systems of care, on a break.
 - Ms. Granados said community messaging seems to identify the Commission as the place to resolve grievances. She suggested an announcement at the start of the meeting and a point person who can introduce the grievance process or help with resources. Ms. McClendon noted she already tries to assist attendees. Ms. Bivens-Davis suggested Referral Information Services staff can assume that role once it is developed.
 - Mr. Land had noted multiple instances across meetings in which agency names were used. Issues can be discussed, but Co-Chairs should direct attendees to discuss service categories rather than agencies.
 - Mr. Baker said the Commission plans at a system level so, even if only one agency provides a service, it should be discussed as a service category. The Assessment of the Administrative Mechanism addresses procurement.
 - Mr. Stewart said agencies are represented as members on the Commission so discussing agency-specific issues constitutes an intense conflict of interest which raises a legal issue. Ms. Nachazel added the current conflict of interest rule was negotiated to allow agency representatives to remain in the room during allocations.
 - ➡ Move Public Comment to end of Commission agenda starting with the 3/10/2016 Commission meeting. The change and reasons behind it will be announced at the 2/11/2016 Commission meeting.
 - ➡ The Commission Co-Chairs and Ms. McClendon will monitor and coordinate addressing case management issues raised in Public Comment and report back on an ongoing basis.
 - ➡ All Co-Chairs will direct attendees to discuss service categories rather than agencies during meetings.
- MOTION #3:** Approve time limits for Commission and Public Comment during Commission meetings, as follows:
- ▶ 2-minute time limit for Public Comment (1 per item on the agenda);
 - ▶ 3-minute time limit for Commissioner Comment (1 per item on the agenda) (*Passed by Consensus*).

E. Membership Update:

- Mr. Stalter reported seven openings. A listening session was planned for SPA 1 and Dr. Mills will assist with District 5.
- Ms. McClendon reported a new Project Officer just started so the next meeting with DHSP was on hold.

F. Committee Co-Chair Update:

- Mr. Land thanked new Committee Co-Chairs for assuming leadership: Michelle Enfield joins Mr. Ballesteros, PP&A; Ms. Granados, currently sole Co-Chair, SBP; and Mr. Winder joins Mr. Stalter, Operations.
- ➡ The Commission Co-Chairs will thank retiring Committee Co-Chairs AJ King, Operations, and Terry Goddard, SBP, for their work at the 2/11/2016 Commission meeting.

G. Ryan White Program Part A Grant Updates:

1. Planning Council Capacity Assessments:

- Mr. Land noted HRSA's letter concerning an upcoming Planning Council/Planning Body assessment. Such assessments have been done in the past to inform Ryan White reauthorization.
- The Commission Co-Chairs may contact Co-Chairs for information. The survey would likely be online.

- 2. New HRSA Project Officer:** Mr. Land noted the new Project Officer was Luigi Prokopio. Mr. Baker added DHSP worked well with the outgoing Project Officer. She undoubtedly briefed Mr. Prokopio. DHSP hoped to extend good relations.

8. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee: Attendees stated their conflicts of interest.

1. Financial Report:

- Mr. Ballesteros reported PP&A discussed underspending and options for re-aligning underutilized funds.
- a) **Allocation strategies for Medical Care Coordination (MCC) and Non-Medical Case Management for Care and Prevention for unaligned consumers:**
 - One discussion area was Non-Medical Case Management which includes some legacy programs due to sunset. There has been testimony about the need to continue them and perhaps expand some psychosocial aspects.
 - Mr. Pérez reported at PP&A on the topic. PP&A voted to continue the service category and asked DHSP to report back next month on potential investments. The motion forwards that decision to the Commission.

MOTION #4: Approve supporting investments in Non-Medical Case Management for Program Year (PY) 26 (*Passed by Consensus*).

2. Medical Care Coordination (MCC):

- Mr. Ballesteros said PP&A also discussed expanding MCC to non-DHSP-funded medical homes which serve a significant number of PLWH. Many PLWH have migrated out of DHSP-funded Ambulatory Outpatient Medical (AOM) to other payer sources, but could still benefit by access to MCC. DHSP will report back to PP&A on options.
- Mr. Baker clarified potential medical sites may, or may not, have other DHSP-funded services besides AOM.
- Mr. Ballesteros said expansion would require new contracts and the slow Request For Proposal (RFP) process would present a challenge to timely implementation. It is, however, DHSP's only process option.
- Consequently, once DHSP has reported on potential investments, he supported Commission advocacy with the Board for a faster process given the need to allocate savings from migration of AOM patients to other payers.
- Mr. Stalter said he deals with four or five PLWH who have fallen out of care per week so supported the effort.
- Dr. Mills added Dr. Amy Wohl presented to the Medical Advisory Committee on comparative Continuum of Care data at DHSP-funded clinics with MCC versus other clinics. DHSP-funded clinics serve a more disenfranchised population with greater inequities, but a higher percentage of those clinics' PLWH were virally suppressed. As a scientist and physician, that powerful data demonstrated the contribution of MCC. Much like PrEP, not all PLWH will need MCC but, for those who do, it will significantly help reduce viral loads and consequently new infections.
- Mr. Stalter added it also shows the complicated nature of the health care system and the need for help.
- Ms. Bivens-Davis was a peer health navigator who collected some of the data being presented by Dr. Wohl. Many clinics did not appreciate the services at first. Patients, however, came to view engaging in health care through a different lens as they saw the range of services such as transportation available to them. That made them more likely to maintain some relationship with the clinic so they could more easily be engaged and clinics appreciated it. She felt clinics often are so busy with day-to-day services that help with retention is critical.
- Mr. Ballesteros said DHSP will report on possible investments at PP&A next month. Decisions were expected soon.
- a) **Expansion of existing MCC programming up to their maximum delegated authority to include an intensive outreach component including staff for field psychosocial outreach beginning March 1, 2016 (PY 26):**
 - Mr. Ballesteros said current MCC teams are composed of a Registered Nurse (RN), Master's level Social Worker (SW) and case aide to address the needs of patients at a team's medical home.
 - PP&A supported this proposal that would expand MCC teams to include an outreach staff person to find PLWH who have fallen out of care and re-engage them. The motion forwards that decision to the Commission.

MOTION #5: Approve expansion of existing MCC programming up to their maximum delegated authority to include an intensive outreach component including staff for field psychosocial outreach beginning March 1, 2016 (PY 26) (*Passed by Consensus*).

3. Comprehensive HIV Plan (CHP) Task Force: There was no report.

B. Standards and Best Practices (SBP) Committee: Ms. Granados reported Ms. Garland, DHSP, presented on the Outcomes Project. SBP discussed how logic models might be used to inform Standards of Care (SOC) concerning service effectiveness and program evaluation.

1. **Prevention Standards:** Ms. Granados noted strong interest in developing a Continuum for Prevention. The CHP Task Force was also addressing it so SBP will coordinate with them. Prevention SOC is a key focus for the next few months.
2. **Special Populations Guidelines: Transgender, Women and Youth:** Ms. Granados said Expert Review Panels are being finalized. Moving forward depends on budget availability to fund consultants.

C. Operations Committee:

1. **Membership Management:** Quarterly trainings are planned to cover materials required by the Health Resources Services Administration (HRSA). Orientation covered the first set of materials. The next training is planned for March
2. **Membership Representation and Reflectiveness:** Mr. Stalter will work with Ms. Bivens-Davis to coordinate a listening session in SPA 1. Mr. Rivera suggested summarizing service improvements the Commission developed for SPA 1 to reflect the value of Commission service. Messrs. Rivera and Stalter will coordinate information with DHSP.
3. **Policies and Procedures:** Mr. Stalter reported Operations will be reviewing Policies/Procedures related to membership management in order to prepare for the launch of the next open membership drive in April. He and new Co-Chair Mr. Winder will be preparing an initial draft of the documents for Operations review at its next meeting.

D. Public Policy Committee: There was no report.

9. CAUCUS REPORTS:

A. Consumer Caucus:

- Mr. Donnelly reported the December Caucus discussed having a safe space to discuss issues, meet-up applications, welcome packages for new members and HIV decriminalization. The Caucus also started work on the Glossary. The Caucus has placed a Jail visit in its parking lot for the time being.
- In January, the Caucus elected Mr. Green as its new Co-Chair joining Mr. Donnelly and Sabel Samone-Loreca.
- Mr. Land presented on how and when Commission members could speak as members and Edd Cockrell appealed for participation in the Community Engagement Work Group of the CHP Task Force.
- The Caucus discussed housing and income stress, expectations of the public, networking and quorum issues. It also discussed PrEP access in Orange County, but acknowledged that was outside its jurisdiction.
- Dr. Mills asked if the Caucus was developing a definition of consumer. Mr. Land suggested referral to Operations. Mr. Stalter reported the Consumer Caucus defined itself as open to all who wish to attend. HRSA has its own definition.
- Mr. Land said HRSA and the Centers for Disease Control and Prevention (CDC) have not framed a consumer definition for integrated Planning Councils such as the Commission. That provides an opportunity to discuss the subject. Mr. Baker said, as a leader in integrating prevention and care, the Commission could advocate for best practices.
- Currently, "unaffiliated consumers" on the Commission must meet HRSA's definition of a PLWH who receives Ryan White services and is not an employee, board member or consultant of a Ryan White-funded provider. That does not reflect the new reality of an integrated Commission with integrated care and prevention planning responsibilities.
- ➡ Refer the consumer definition developed by the Consumer Caucus with language provided by Mr. Land to Operations for finalization and promotion to DHSP, HRSA and the CDC. The Commission Co-Chairs will coordinate Operations work with Dr. Michael Green, DHSP, and HRSA's Project Officer.

B. Transgender Caucus: There was no report.

C. Youth Caucus: Ms. Granados reported the Caucus was planning the April colloquia which will focus on homelessness. Plans include a training, quick data presentation and "fishbowl panel" of panelists discussing issues among themselves. They are considering options for questions that will not interrupt the panel, e.g., written questions submitted to a central person.

D. Women's Caucus:

- Ms. Gordon reported 23 women attended the first meeting on 1/19/2016. Multiple issues and ideas were discussed.
- Going forward, the Caucus will review ideas to identify feasible activities. Initially, participants will develop and email survey questions to the Commission office by 1/29/2016 to inform the CHP Task Force.
- Ms. Bivens-Davis complimented engagement including several people new to the Commission.

10. NEXT STEPS: There was no additional discussion.

11. ANNOUNCEMENTS: There were no announcements.

12. ADJOURNMENT: The meeting adjourned at 2:40 pm in memory of Elliot Johnson. Mr. Ballesteros said Mr. Johnson introduced himself at the then new Being Alive site in 1990. He was the new person at 5P21 and worked tirelessly from that point on to help individual PLWH and advocate for services, e.g., organizing resistance to attempts to close 5P21.